

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

Plano Credit Company, LLC  State of Formation OHIO  1. State of Formation OHIO  2. State of Formation OHIO  3. State of Formation OHIO  4. State of Formation OHIO  4. State of Formation OHIO  5. Principal office address C55 Metro Place South Ste. 720  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Title Contact Title Corporation OH  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X' BOX FOR ATTACHMENT)  Manager Name Peter Paras, Jr.  Manager Name Manager Name Address Le 55 Metro Place South Ste 120  State Street Address Le 55 Metro Place South Ste 120  State Street Address Le 55 Metro Place South Ste 120  State Street Address Le 55 Metro Place South Ste 120  State Street Address Le 55 Metro Place South Ste 120  State Street Address Le 55 Metro Place South Ste 120  State Street Address	I. ID No.	2. Exact name of the limited liab				Service and the service and th	
OHIO  COMPANY PURCHASES RETAIL INSTALLMENT CONTRACTS FROM PIANO DEALERS  5. Principal office address  (255 Metro Place South Ste. 720 Dublin OH 43017  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Peter Paras Jr.  Street Address  (255 Metro Place South Ste. 720 Dublin OH 43017  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED ELABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS (X* BOX FOR ATTACHMENT)  Manager Name Peter Paras Jr.  Manager Name Peter Paras Jr.  Manager Name	142037	Piano Credit Company, LL	C				
6.55 Metro Place South Ste. 720 Dublin OH 43017 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:  Contact Title President  Street Address  C55 Metro Place South Ste. 720 Dublin OH 43017 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS (X' BOX FOR ATTACHMENT)  Manager Name  Peter Paras Tr.  Manager Name  Address  C55 Metro Place South Ste. 720  City  State  Street Address  City  State  Street Address				th is actually conducted in Rhode Island MENT CONTRACTS FROM PIANO DEALERS			
Peter taras Jr.  Street Address  (655 Metro Place South Ste 720 Dublin OH 43017  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS (X* BOX FOR ATTACHMENT)   Manager Name  Peter Paras Jr.  Manager Name  Manager Name  Address  (655 Metro Place South Ste 720  (55 Metro Place South Ste 720  (67)  Manager Name  Manager Name  Street Address	655 Metro Place South Ste. 720			Sublin OR TITLE OF CONTAC	DH	43017	
Cost Metro Place South Ste. 720 Dublin OH 43017  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (1x) BOX FOR ATTACHMENT)  Manager Name Peter Paras Jr.  Manager Name Peter Paras Jr.  Manager Name Address  Street Address	7 ( ) +			: 1 /			
FILL IN SPACES BEFORE USING ATTACHMENTS (X' BOX FOR ATTACHMENT)  Manager Name Peter Paras, Jr.  Street Address  655 Metro Place South Ste 120 655 Metro Place South Ste 720  City State Dublin DH 43017  Manager Name  Street Address	$ 0.0 \times 10^{-1}$			Dublin	State OH	43017	
Peter Paras Jr.  Street Address  La 55 Metro Place South Ste 720  City State Zip State  Manager Name  Street Address	7. NAME AND ADD					_	
City State Zip State Zip Street Address  City State Zip City State Zip Street Address  City State Zip City State Zip Street Address  City State Zip City State Zip  Street Address  Street Address  Street Address  Street Address  Address	Peter Paras Jr.			Manager Name Ardrew Kraus			
DUBLIN OH 43D17  Manager Name  Street Address  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  Address	655 Me	etro Place Sou	oth Ste 120	Street Address 655 Metr	& Place So	oth Ste. 120	
Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name Address	Dublin	State DH	43017	Dublin	State OH	43017	
City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name Address	Manager Name			Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  Address	Street Address			Street Address			
Agent Name Address	City	State	Zip	City	State	Zip	
	Agent Name		NOT ALTER - Changes	1 "	n 642 - R.I.G.L. 7-10	6-11	
Address 10 WEYBOSSET STREET City PROVIDENCE Zip 02903-							

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

EILED
FILLD
File Date
Check No
By:MMC
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Print or Type Name of Authorized Person